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Government of India  
Ministry of Rural Development  
Department of Rural Development  
(R.L. Divison)

6<sup>th</sup> Floor, Hotel Samrat,  
Chanakyapuri, New Delhi-110021.

Dated:- the 17<sup>th</sup> January, 2018

To,

The Chief Secretaries, All States  
The Principal Secretaries, Rural Development & Panchayati Raj Department, All States.  
The Principal Secretaries, Women & Child Development Department, All States.  
The Principal Secretaries, Health & Family Welfare Department, All States.

Subject:- Joint Advisory by the Ministry of Rural Development, Ministry of Health & Family Welfare, and the Ministry of Women and Child Development on convergence in the ICDS, DAY-NRLM and NHM with a focus on Nutrition – regarding.

Sir / Madam,

I am directed to enclose herewith a copy of the Joint Advisory to bring convergent efforts in NHM, DAY-NRLM and ICDS for improving nutritional outcomes in the National Nutrition Mission, for information and further necessary action.

Yours faithfully,



(Atal Dulloo)

Joint Secretary to the Government of India (RL)

Copy to:-

- 1) Dr. Shrikar Pardeshi, Director, PMO, New Delhi.
- 2) Ms. Anamika Singh, Deputy Secretary, NITI Aayog, New Delhi.
- 3) The Secretary, Ministry of Rural Development, Krishi Bhawan, New Delhi.
- 4) The Secretary, Ministry of Health & Family Welfare, Department of Health & Family Welfare, Nirman Bhawan, New Delhi.
- 5) The Secretary, Ministry of Women & Child Development, Shastri Bhawan, New Delhi.

**JOINT ADVISORY ON NUTRITION**  
**(M/o RD, Mo/WCD, Mo/HFW)**

**I. Purpose:** To bring Convergent efforts in NHM, DAY-NRLM, and ICDS for improving nutritional outcomes in the National Nutrition Mission.

**II. Objective:**

Despite multiple interventions on several fronts, India has not been able to overcome its nutritional challenges. With every 2<sup>nd</sup> woman Anaemic, every 3<sup>rd</sup> child under 5 years Stunted, and every 5<sup>th</sup> under 5 years child Wasted, malnutrition is a lived reality for many in this India (NFHS 4).

Malnutrition is a multidimensional problem and different Ministries and Departments face the challenge of working closely with State Governments to bring improvements in the sector through various Schemes and Programmes. Thus, improved results will be visible when these different efforts join forces by converging their resources, skills and knowledge. Government of India has recently approved the National Nutrition Mission (NNM) with a clear focus on tackling malnourishment in the country. The key strategic approach of NNM is Inter-Ministerial Convergence and Coordination.

With this objective, this Joint Advisory identifies and recommends some of the key areas where Convergence can be achieved in the following flagship Schemes:

Sr. No.	Ministry	Programme
1	Ministry of Rural Development	<i>Deendayal Antyodaya Yojana-</i> National Rural Livelihoods Mission (DAY-NRLM)
2	Ministry of Women and Child Development	Integrated Child Development Services (ICDS) Scheme
3	Ministry of Health And Family Welfare	National Health Mission

**III. Modalities for Convergence:**

**1. Convergence through Village, Health, Sanitation, and Nutrition Day (VHSND):**

Village, Health, Sanitation, and Nutrition Day (VHSND) (Joint structure of MoHFW and MWCD) is organised once every month and provides services like registration of all pregnant women, ANC, weighing and recording all children, vaccination, counselling and discussing various issues related to nutrition, health and sanitation etc and thus it is an important forum for Convergence. The VHSND is attended by field level functionaries of Health and Nutrition Department like ASHA, ANM and AWW.

Convergence should be strengthened at VHSND through participation of VOs, SHGs and Cluster Federations.

**Role of VOs/ SHGs in VHSND:** In order to promote the message of facilities available at VHSND and to mobilise all beneficiaries to participate in the VHSND, it is suggested that

members of SHGs, VOs, and Cluster Federations should participate in the VHSND meetings. And vice versa, ASHAs/ AWWs/ ANMs should occasionally participate in the cluster meetings of SHGs.

6-24 months is critical as it is during this time that vulnerable children slide into malnutrition and currently the AWWs and ASHAs have limited contact with the mother and child in this crucial period. Thus woman SHGs have a huge role in leadership, adopting and communicating the message for Behaviour Change.

**Role of Fieldworkers in Promoting VHSND Activities:** Similarly, field workers- ASHA and AWW should intimate the VO groups in advance about the date of the next VHSND by participating in the monthly VO meetings. During their interaction with the VOs in the monthly meetings, the AWW and ASHA can orient and generate awareness amongst the members on Health and Nutrition related issues. They should hold discussions around critical areas like Institutional Deliveries, Survival, Protection and Empowerment of the girl child (*Beti Bachao Beti Padhao*), Early Initiation of Breastfeeding, Exclusive Breastfeeding for first 6 months, Complimentary Feeding after 6 months, Regular Immunisation, Use of ORS and Zinc to treat diarrhoea and importance of safe and sanitised environment, hand washing and consumption of safe drinking water etc.

## **2. Convergence for Behavioural Change and Communication:**

Behavioural Change is a key component of success in the battle against malnutrition. Thus, behaviours and practices promoting good health, nutrition and hygiene is the essential in achieving Nutrition Outcomes.

**Role of MoWCD, MoHFW and MoRD:** Many interesting IEC tools have been developed under the ICDS Programme and NHM and there is a need for localised, contextual versions of these Modules to be made available to MoRD and the States and UTs for extensive use at the community level. Also, booklets and pamphlets on Government initiatives and newly launched programmes like PMMVY etc should be prepared in simple language and shared with field functionaries and VOs, SHGs and PRIs for wider dissemination.

Under the DAY-NRLM Programme of MoRD, funds are available for training and Capacity Building of the VOs and the Modules and simple Booklets prepared on Health and Nutrition by MoWCD and MoHFW may be used in some of these training programmes.

All States and UTs should ensure the spread and outreach of BCC messages to all beneficiaries through periodic field visits and spot checks.

Additionally, Experts in the areas of Health and Nutrition may be engaged from time to time to impart training on these issues to the VOs, SHGs, and Cluster Federations.

Thirdly, fieldworkers and the VOs can tap into indigenous systems of knowledge dissemination available at community level like folktales, plays, etc and use them during VHSND and on other important occasions when the community gets together to spread messages around Health and Nutrition.

### **3. Convergence for Monitoring and Management of Nutritional Status of Women and Children:**

**Role of VOs and SHGs:** The VOs and SHGs can be a useful medium to keep a check on work being done by the AWW and ASHA, and also to look over the timely and smooth conduct of VHSND. Members of these bodies, in close collaboration with PRI representatives, can act as pressure groups to ensure timely service delivery by the Health and ICDS machinery at the village and community level.

Secondly, the VOs and SHGs should coordinate with ASHAs to track the families of children who are discharged from NRC centres under NHM and mobilise women from these families to join SHGs and link them to other livelihood interventions.

Thirdly, untied funds with VHSNCs should be used for referring and treating the women and children who require medical care. Vulnerability Reduction Funds (VRFs) available with VOs under MoRD should also support the transport expenditure of SAM children (identified in the village) from village to NRC/ health facility.

Lastly, VOs should mobilise women and children to participate in growth monitoring sessions at *Anganwadis*.

**Role of ASHAs:** ASHAs will undertake home visits of every child every two months from 4th months post birth till one year to monitor their nutrition status. This is expected to help in prevention, early detection and timely treatment in case the women or child is perceived to be at risk.

**Role of AWW and CDPO:** The field functionaries of MoWCD will be provided with smartphones and tablets to ensure ICT based real time monitoring of Women and Children under the National Nutrition Mission.

### **4. Convergence through Common Use of Infrastructure:**

It is suggested that Panchayat Buildings, spaces provided by the Panchayat or Community Centres may be used to conduct Joint Meetings of all field functionaries under different programmes, organize VHSNDs, other events and programmes related to Health and Nutrition.

### **5. Promoting Livelihoods for Women's Collectives**

Under the broader policy guidelines of respective State Governments, ICDS, NHM, and SBM will explore possibilities for supporting livelihoods for the women's collectives in the following areas:

- Supply of vegetables, eggs, milk, hot cooked meals and Take-Home Rations under the ICDS
- Supply of Sanitary Napkins to Schools for adolescent girls.

All three Programmes of ICDS, NHM and DAY-NRLM will monitor the work being done at the village level through their respective monitoring framework and monthly progress

reports. Reports will be jointly discussed at the District and State Level on a quarterly basis and necessary action initiated to address bottlenecks in convergent action, if any.



16 January 2018

(Amarjeet Sinha)  
Secretary  
Department of Rural development  
Ministry of Rural development



(Rakesh Srivastava)  
Secretary  
Ministry of Women &  
Child Development



16/1/18

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